

HISTORY FACILITY PROFILE

IHC HOME CARE AT MCKAY DEE
3776 WALL AVENUE
OGDEN UT 84405
STATE'S REGION CODE: 001

PROVIDER #: 467004
PHONE NUMBER: (801) 399-1400
PARTICIPATION DATE: 07/01/1966

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: HOSPITAL BASED P
TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - PRIVA

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
09/1996	08/1999	06/2001	07/18/2002	

PROGRAM REQUIREMENTS

X		STD	G0143-COORDINATION OF PATIENT SERVICES
	X	STD	G0158-WRITTEN PLAN OF CARE ESTABLISHED & PERIODICALLY REVIEWED
	X	STD	G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	0	0	2	1
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	0	2	1

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
02/03/2000	UNSUBSTANTIATED
08/23/2000	UNSUBSTANTIATED
11/02/2000	UNSUBSTANTIATED
01/17/2001	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT